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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	SF0941K
	First Named Inventor	Herve Fridman
	COMPLETE IF KNOWN	
	Application Number	/ To be Assigned
	Filing Date	March 27, 2000
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITIONS AND METHODS FOR TREATING CELL PROLIFERATION DISORDERS

the specification of which ☒ is attached hereto **OR** ☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
EP 99 401 191.4	Europe	May 17, 1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____

Typed or printed name			
Signature		Date	

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Cynthia L. Foulke	32,364		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Cynthia L. Foulke				
Address	Patent Dept. K-6-1, 1990				
Address	2000 Galloping Hill Road				
City	Kenilworth	State	NJ	ZIP	07033-0530
Country	USA	Telephone	(908) 298-2135	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Herve		Fridman	
Inventor's Signature	<i>Herve Fridman</i>		Date APRIL 2000
Residence: City	Paris	State	France
	FR	Country	France
Post Office Address	27, rue Bertholet		
Post Office Address			
City	Paris	State	France
		ZIP	75005
		Country	France

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto


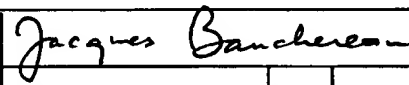
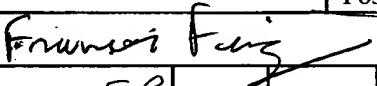
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DECLARATION**ADDITIONAL INVENTOR(S)**
 Supplemental Sheet
 Page 2 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Eric				Tartour			
Inventor's Signature				Date		-9 APRIL 2000	
Residence: City	Paris	FR	State	Country	France	Citizenship	France
Post Office Address	35, rue Guersant						
Post Office Address							
City	Paris	State		ZIP	75005	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jacques				Banchereau			
Inventor's Signature				Date		May 1st, 2000	
Residence: City	Dallas	TX	State	Texas	Country	U.S.A.	Citizenship
Post Office Address	2752 Gaston Avenue, Apt. 1215 6730 NORTHAVEN Rd JB						
Post Office Address							
City	Dallas	State	Texas	ZIP	75230 JB	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Francois				Fossiez			
Inventor's Signature				Date		04/17/00	
Residence: City	Marcy l'Etoile	FR	State	Country	France	Citizenship	France
Post Office Address	111, rue du Berger						
Post Office Address							
City	Marcy l'Etoile	State		ZIP	69280	Country	France

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Serge J. E.</u>				<u>Lebecque</u>			
Inventor's Signature	<u>[Signature]</u>			Date	<u>04/17/00</u>		
Residence: City	<u>Civrieux d'Azegues</u>	State		Country	<u>France</u>	Citizenship	<u>Belgium</u>
Post Office Address	<u>514 Chemin du Marand</u>						
Post Office Address							
City	<u>Civrieux d'Azegues</u>	State		ZIP	<u>69380</u>	Country	<u>France</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Margaret M. Albanese	<u>45525</u>	Susan Lee	<u>30653</u>
Edwin P. Ching	<u>34090</u>	Anita W. Magatti	<u>29825</u>
Eric S. Dicker	<u>31669</u>	Arthur Mann	<u>35598</u>
Cynthia L. Foulke	<u>32364</u>	Christine F. Martin	<u>39762</u>
Robert A. Franks	<u>28605</u>	Edward H. Mazer	<u>27573</u>
29 Kenneth M. Goldman	<u>34174</u>	Jaye P. McLaughlin	<u>41211</u>
James M. Gould	<u>33702</u>	Richard B. Murphy	<u>35296</u>
Richard J. Grochala	<u>31518</u>	James R. Nelson	<u>27929</u>
Henry S. Hadad	<u>35888</u>	David B. Schram	<u>43096</u>
Thomas D. Hoffman	<u>28221</u>	Immac J. Thampoe	<u>36322</u>
Henry C. Jeanette	<u>30856</u>	Paul A. Thompson	<u>35385</u>
Palaiyur S. Kalyanaraman	<u>34634</u>	Donald W. Wyatt	<u>40879</u>
Gerald P. Keleher	<u>43707</u>	Sandy Zaradic	<u>45997</u>
Gabriel P. Kralik	<u>34855</u>		

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